



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 1587

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/784,231	<b>FILING OR 371(c) DATE</b> 02/24/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 4491-2	
<b>APPLICANTS</b> Mark Gelfand, New York, NY; Howard R. Levin, Teaneck, NJ;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/449,174 02/24/2003 and claims benefit of 60/449,263 02/24/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/14/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 46	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 32488					
<b>TITLE</b> Method and system for prevention of radiocontrast nephropathy					
<b>FILING FEE RECEIVED</b> 1410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		